	Case	19-24043-C	MB Doc 20		iled 11/2 cument	12/19 Ente		2/19 16	5:01:02	Des	sc Main
Filli	n this inforr	nation to identify	your case and th				71 . 7. 7				
Deb	tor 1	Tammy Mari	<b>_</b>	Name		Last Name					
Deb	tor 2	First Name		Name		Last Name					
` .		nkruptcy Court for			RICT OF PE	NNSYLVANIA					
		19-24043-CMB	_								Check if this is an amended filing
SC In each	chedul ch category, s it fits best. B	e as complete and a e space is needed,	coperty escribe items. List accurate as possible	e. If two	married peo	If an asset fits in mople are filing toget to the top of any add	her, both are	equally resp	onsible for su	the ca	ng correct
Part	1: Describe	Each Residence, B	uilding, Land, or Ot	her Rea	l Estate You	Own or Have an In	terest In				
	No. Go to Par Yes. Where i	t 2. s the property?									
1.1	198 McCh	ain Road		What		erty? Check all that ap	ply				
		if available, or other des	cription		Condomini	multi-unit building ium or cooperative		the amoun	t of any secure	d claim	r exemptions. Put ns on <i>Schedule D:</i> cured by Property.
	<b>Finleyville</b> City	PA State	<b>15332-0000</b> ZIP Code			red or mobile home		Current va			rent value of the tion you own? \$170,000.00
					Other _	rest in the property	? Check one	(such as fo	ee simple, ten e), if known.		wnership interest by the entireties, or
	Washington County	on			Debtor 1 a	only and Debtor 2 only see of the debtors and	another		c if this is com	munit	y property
				Othe	r informatio	n you wish to add a		,	,		

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$170,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

■ No

☐ Yes

D	Document Page 2 of 59  Case number (if known)	
4.	Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	■ No	
	□Yes	
5	Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here=>	\$0.00
_	Describe Very Borroad and Household Kerns	
	art 3: Describe Your Personal and Household Items to you own or have any legal or equitable interest in any of the following items?	Current value of the
		portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and furnishings  Examples: Major appliances, furniture, linens, china, kitchenware  □ No	
	Yes. Describe	
	Furniture	\$5,000.00
_		
7.	Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games  ■ No  ☐ Yes. Describe	collections; electronic devices
8.	Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles  No	, or baseball card collections;
	☐ Yes. Describe	
9.	Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments  ■ No  □ Yes. Describe	and kayaks; carpentry tools;
10	<ul> <li>Firearms         <ul> <li>Examples: Pistols, rifles, shotguns, ammunition, and related equipment</li> </ul> </li> <li>■ No</li> <li>□ Yes. Describe</li> </ul>	
11	Clothes  Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  No	
	Yes. Describe	
		44.000.00
	Clothing	\$1,000.00
12	<ul> <li>2. Jewelry         <ul> <li>Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g</li> <li>No</li> <li>Yes. Describe</li> </ul> </li> </ul>	gold, silver
13	8. Non-farm animals  Examples: Dogs, cats, birds, horses  ■ No	

Official Form 106A/B

☐ Yes. Describe.....

		Filed 11/12/ Document	/19 Pac	Entered 1 ne 3 of 59	11/12/19 16:01:0	Desc Main
De	Ebtor 1 Tammy Marie Campbell				Case number (if known)	19-24043-CMB
14.	Any other personal and household items you did n	not already list, in				
	No					
	☐ Yes. Give specific information					
15	Add the dollar value of all of your entries from Pa for Part 3. Write that number here				you have attached	\$6,000.00
Pa	rt 4: Describe Your Financial Assets					
Do	o you own or have any legal or equitable interest in a	any of the follow	ing?			Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you have in your wallet, in your hon	me, in a safe depo	sit box	, and on hand	when you file your petiti	on
	■ No □ Yes					
17.	Deposits of money  Examples: Checking, savings, or other financial accounts institutions. If you have multiple accounts in the country of the				edit unions, brokerage l	nouses, and other similar
	■ No □ Yes	Institution n	ame:			
18.	Bonds, mutual funds, or publicly traded stocks  Examples: Bond funds, investment accounts with broken.	kerage firms, mon	ey mar	ket accounts		
	■ No □ Yes Institution or issuer n	name:				
	Non-publicly traded stock and interests in incorpor joint venture	erated and uninco	rporat	ed businesse	s, including an interes	t in an LLC, partnership, and
	■ No □ Yes. Give specific information about them					
	Name of entity:				% of ownership:	
20.	Government and corporate bonds and other negot Negotiable instruments include personal checks, cash Non-negotiable instruments are those you cannot tran	hiers' checks, pron	nissory	notes, and mo	ney orders.	
	☐ Yes. Give specific information about them Issuer name:					
21.	Retirement or pension accounts  Examples: Interests in IRA, ERISA, Keogh, 401(k), 40	ວ3(b), thrift savings	s accol	unts, or other p	ension or profit-sharing	plans
	No					
	☐ Yes. List each account separately.  Type of account:	Institution n	ame:			
22.	Security deposits and prepayments Your share of all unused deposits you have made so to Examples: Agreements with landlords, prepaid rent, p					nies, or others
	■ No	I		والمراز والمراز والمراز		
	☐ Yes	Institution n	ame of	ııldıvidual:		
23.	Annuities (A contract for a periodic payment of money ■ No	y to you, either for	life or	for a number o	f years)	
	☐ Yes Issuer name and description.					
24.	Interests in an education IRA, in an account in a que 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE pro	gram,	or under a qu	alified state tuition pro	ogram.
	<b>—</b> 110					

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

☐ Yes.....

	C	ase 19-24043-0	СМВ	Doc 20			Entered 11/12	/19 16:01:02	Desc Main
De	ebtor 1	Tammy Marie Ca	mpbell		Document	Γαί	ge 4 of 59 	umber (if known) 19	-24043-CMB
25.	Trusts	s, equitable or future i	nterests i	n property (	other than anythin	g liste	d in line 1), and rights	or powers exercis	able for your benefit
		. Give specific informat	tion about	them					
	Exam ■ No	ts, copyrights, tradem nples: Internet domain n	ames, we	bsites, proce					
	⊔ Yes	. Give specific informat	tion about	them					
27.		ses, franchises, and on ples: Building permits,				n holdir	ngs, liquor licenses, pro	ofessional licenses	
	☐ Yes	. Give specific informat	tion about	them					
Mo	oney o	r property owed to you	u?						Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	_	efunds owed to you							
	■ No □ Yes	. Give specific informati	on about t	them, includir	ng whether you alre	ady file	d the returns and the ta	ax years	
	Exam ■ No	<b>y support</b> nples: Past due or lump		ony, spousal	support, child suppo	ort, mai	ntenance, divorce settl	ement, property sett	lement
	☐ Yes	. Give specific informati	ion						
	Exam	amounts someone ov nples: Unpaid wages, di benefits; unpaid l	sability ins			efits, si	ck pay, vacation pay, v	workers' compensati	on, Social Security
	■ No	. Give specific informat	tion						
		·							
		ests in insurance polic inples: Health, disability,		ırance; healt	h savings account (	HSA); (	credit, homeowner's, or	r renter's insurance	
		. Name the insurance c	ompany o	f each policy	and list its value.				
			Company	name:			Beneficiary:		Surrender or refund value:
	If you some	nterest in property that are the beneficiary of a cone has died.  Give specific informat	a living trus				e policy, or are currentl	ly entitled to receive	property because
33	Claim	s against third parties	whathar	or not you	havo filod a lawsu	it or m	ade a demand for nav	ment	
		nples: Accidents, employ						ment	
	☐ Yes	. Describe each claim							
	■ No	contingent and unliquent contingent and unliquent contingent and unliquent continues to the continues of the		aims of eve	ry nature, includin	g coun	terclaims of the debt	or and rights to set	off claims
				ade liet					
	■ No	inancial assets you did  . Give specific informat		ady IISt					
		. Orve apecine initinitial							

Official Form 106A/B Schedule A/B: Property page 4 Case 19-24043-CMB Doc 20 Filed 11/12/19 Entered 11/12/19 16:01:02 Desc Main Document Page 5 of 59

Debtor	Tammy Marie Campbell		Case number (if known)	19-24043-CMB
	dd the dollar value of all of your entries from Part 4, including r Part 4. Write that number here			\$0.00
Part 5:	Describe Any Business-Related Property You Own or Have an Interes	st In. List any real esta	ate in Part 1.	
	ou own or have any legal or equitable interest in any business-related	property?		
No.	Go to Part 6.			
☐ Yes	s. Go to line 38.			
Part 6:	Describe Any Farm- and Commercial Fishing-Related Property You C If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
	you own or have any legal or equitable interest in any farm- o	r commercial fishir	ng-related property?	
	No. Go to Part 7.			
	Yes. Go to line 47.			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	you have other property of any kind you did not already list?  amples: Season tickets, country club membership			
■ No	0			
	es. Give specific information			
54. <b>A</b> c	ld the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
D. 40			ı	
Part 8:	List the Totals of Each Part of this Form			
	rt 1: Total real estate, line 2			\$170,000.00
	rt 2: Total vehicles, line 5	\$0.00		
	rt 3: Total personal and household items, line 15	\$6,000.00		
	rt 4: Total financial assets, line 36	\$0.00		
	rt 5: Total business-related property, line 45	\$0.00		
	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>Pa</b>	rt 7: Total other property not listed, line 54 +	\$0.00		
62. <b>To</b>	tal personal property. Add lines 56 through 61	\$6,000.00	Copy personal property to	otal \$6,000.00
63. <b>To</b>	otal of all property on Schedule A/B. Add line 55 + line 62			\$176,000.00

Official Form 106A/B Schedule A/B: Property page 5

\$176,000.00

Fill in this infor	mation to identify your	case:		
Debtor 1	Tammy Marie Car	mpbell		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT (	OF PENNSYLVANIA	
Case number	19-24043-CMB			
(if known)				☐ Check if this is an amended filing

#### Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

ιο ι	ne applicable statutory amount.						
Pa	rt 1: Identify the Property You Claim as E	xempt					
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.						
	☐ You are claiming state and federal nonban	kruptcy exemptions.	1 U.S.C. § 522(b)(3)				
	■ You are claiming federal exemptions. 11 l	U.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B	that you claim as exe	mpt, fill in the information below.				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption			
		Copy the value from Schedule A/B	Check only one box for each exemption.				
	Furniture Line from Schedule A/B: 6.1	\$5,000.00	<b>\$5,000.00</b>	11 U.S.C. § 522(d)(3)			
	Line IIOIII Schedule AVB. 0.1		100% of fair market value, up to any applicable statutory limit				
	Clothing Line from Schedule A/B: 11.1	\$1,000.00	<b>\$1,000.00</b>	11 U.S.C. § 522(d)(3)			
	Line IIOIII Schedule AVB. 11.1		100% of fair market value, up to any applicable statutory limit				
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every 3  ■ No  ■ Yes. Did you acquire the property covers  ■ No	3 years after that for ca		,			

		Document	Page 7	of 59		
Fill in this informat	tion to identify yοι	ır case:				
Debtor 1	Tammy Marie C	ampbell  Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankr	ruptcy Court for the:	WESTERN DISTRICT OF PEN	NNSYLVANI <i>F</i>	1		
Case number (if known)	-24043-CMB					if this is an ded filing
Official Form	106D					
Schedule D	: Creditors	Who Have Claims	Secure	d by Propert	у	12/15
		If two married people are filing togethout, number the entries, and attach it				
1. Do any creditors ha	ve claims secured by	y your property?				
☐ No. Check th	is box and submit t	his form to the court with your other	r schedules. \	You have nothing else t	o report on this form.	
_	l of the information	•		J	·	
		Sciew.				
<u> </u>	Secured Claims			Column A	Column B	Column C
for each claim. If more	e than one creditor has	more than one secured claim, list the cre s a particular claim, list the other creditor cal order according to the creditor's nam	rs in Part 2. As	y Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.1 PNC Bank, I	N.A.	Describe the property that secures	the claim:	\$190,000.00	\$170,000.00	\$20,000.00
Creditor's Name		198 McChain Road Finleyvil 15332 Washington County	lle, PA			
3232 Newma Miamisburg	-	As of the date you file, the claim is: apply.  Contingent	Check all that			
Number, Street, Cit	ty, State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt	? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as car loan)	mortgage or se	ecured		
Debtor 1 and Debto	,	Statutory lien (such as tax lien, me	chanic's lien)			
☐ At least one of the		☐ Judgment lien from a lawsuit	<b>Fire4 Mare4</b>			
Check if this clain community debt	n relates to a	Other (including a right to offset)	First Mort	gage		
Date debt was incurre	ed	Last 4 digits of account num	iber			
If this is the last page Write that number h	ge of your form, add nere:	column A on this page. Write that num the dollar value totals from all pages or a Debt That You Already Listed	i.	\$190,00 \$190,00		
Use this page only if trying to collect from	you have others to b you for a debt you o any of the debts that	e notified about your bankruptcy for we to someone else, list the creditor t you listed in Part 1, list the additiona	a debt that yo in Part 1, and	then list the collection a	gency here. Similarly, if	you have more
James War KML Law G 701 Market Suite 5000	• •	·		ich line in Part 1 did you e		

Official Form 106D

		Document	Page 8 of 5	9		
Fill in tl	his information to identify your c	ase:				
Debtor	1 Tammy Marie Cam	pbell				
	First Name	Middle Name	Last Name	_		
Debtor :		Middle Nove	Last Nama			
(Spouse if	f, filing) First Name	Middle Name	Last Name			
United S	States Bankruptcy Court for the:	WESTERN DISTRICT OF PEN	INSYLVANIA			
Case nu	umber <b>19-24043-CMB</b>					
(if known)					_	if this is an
					amend	ed filing
Officia	al Form 106E/F					
	dule E/F: Creditors W	ho Have Unsecured	Claims			12/15
Schedule Schedule left. Attac	utory contracts or unexpired leases to G: Executory Contracts and Unexpire b: Creditors Who Have Claims Secuch the Continuation Page to this paged case number (if known).	red Leases (Official Form 106G). D red by Property. If more space is i	o not include any cre needed, copy the Part	ditors with partially s you need, fill it out, i	ecured claims that a number the entries i	re listed in n the boxes on the
Part 1:	List All of Your PRIORITY Uns	secured Claims				
1. Do a	any creditors have priority unsecured	claims against you?				
	No. Go to Part 2.					
	⁄es.					
iden poss	all of your priority unsecured claims. tify what type of claim it is. If a claim has sible, list the claims in alphabetical order 1. If more than one creditor holds a par	both priority and nonpriority amount according to the creditor's name. If	ts, list that claim here a you have more than tw	nd show both priority a	nd nonpriority amount	ts. As much as
(For	an explanation of each type of claim, se	ee the instructions for this form in the	instruction booklet.)			
				Total claim	Priority amount	Nonpriority amount
2.1	Riggold School District	Last 4 digits of accoun	nt number	\$265.00	\$265.00	\$0.00
	Priority Creditor's Name	Oup When was the debt in	ourred?			
	c/o Keystone Collections Gro 546 Wendel Road	oup when was the dept in	curreu r			
	Irwin, PA 15642					
-	Number Street City State Zip Code	As of the date you file	, the claim is: Check a	all that apply		
Wh	no incurred the debt? Check one.	☐ Contingent				
	Debtor 1 only	☐ Unliquidated				
	Debtor 2 only	☐ Disputed				
	Debtor 1 and Debtor 2 only	Type of PRIORITY uns	secured claim:			
	At least one of the debtors and another	☐ Domestic support of	oligations			
	Check if this claim is for a communi	ty debt Taxes and certain of	ther debts you owe the	government		
ls t	the claim subject to offset?	☐ Claims for death or p				
	No	Other Specify				

Income Tax

☐ Yes

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Debtor	1 Tammy Marie Campbell		Case number (if known)	19-24043-CMB	
2.2	Union Township	Last 4 digits of account number	\$265.00	\$265.00	\$0.00
	Priority Creditor's Name	When was the debt incurred?			
	c/o Keystone Municipal Collections	when was the debt incurred?			
	546 Wendel Road				
	Irwin, PA 15642		0		
٧٨	Number Street City State Zip Code  /ho incurred the debt? Check one.	As of the date you file, the claim is:	Check all that apply		
_	_	☐ Contingent			
_	Debtor 1 only	☐ Unliquidated			
	Debtor 2 only	☐ Disputed			
	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:	:		
	At least one of the debtors and another	☐ Domestic support obligations			
	Check if this claim is for a community debt	Taxes and certain other debts you	owe the government		
Is	the claim subject to offset?	lacksquare Claims for death or personal injury	while you were intoxicated		
	No	Other. Specify			
	] <sub>Yes</sub>	Income Tax			
4. Lis	Yes.  t all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each claim one creditor holds a particular claim, list the other	n. For each claim listed, identify what t	type of claim it is. Do not list cla	ims already included i	n Part 1. Íf more
Pai		,	, ,		claim
4.1	A. T. & T./Diversified Consultants	Last 4 digits of account number			Unknown
	Nonpriority Creditor's Name 10550 Deer Wood Park Blvd. Jacksonville, FL 32256	When was the debt incurred?			<u> </u>
	Number Street City State Zip Code	As of the date you file, the claim i	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce the	at you did not	
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharin	ng plans, and other similar debt	5	
	☐ Yes	Other. Specify			

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Debtor 1 Tammy Marie Campbell ase number (if known) 19-24043-CMB 4.2 **Alliance Charter** Last 4 digits of account number Unknown Nonpriority Creditor's Name c/o First Federal Credit When was the debt incurred? 24700 Chagrin Blvd., Suite 2 Beachwood, OH 44122 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.3 Ally Financial Last 4 digits of account number Unknown Nonpriority Creditor's Name PO Box 130424 When was the debt incurred? Roseville, MN 55113-0004 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.4 **Amerifinancial Solutions** Last 4 digits of account number Unknown Nonpriority Creditor's Name c/o Found Radiology When was the debt incurred? **P.O. Box 7** Vassar, MI 48768 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

	Case 19-24043-CMB	O Filed 11/12/19 Entered 11/12/19 16:01:02 Des Document Page 11 of 59 Case number (if known) 19-24043-CMB	sc Main
Debto	Tammy Marie Campbell	Case number (if known) 19-24043-CMB	
4.5	Amsher Collections/Dish Network  Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	4524 South Lake Parkway, Suite 1 Birmingham, AL 35244	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.6	Calvary SPV I, LLC	Last 4 digits of account number	\$2,526.00
	Nonpriority Creditor's Name 500 Summit Lake Drive, Suite 400 Valhalla, NY 10595	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify	
4.7	Capital One	Last 4 digits of account number	\$262.00
	Nonpriority Creditor's Name by American InfoSource as agent	When was the debt incurred?	<b>,</b>
	P.O. Box 71083 Charlotte, NC 28272-1083		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	· · · · · · · · · · · · · · · · · · ·	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	

debt

■ No ☐ Yes

☐ Debtor 1 and Debtor 2 only

Is the claim subject to offset?

☐ At least one of the debtors and another

 $\hfill\Box$  Check if this claim is for a community

☐ Student loans

☐ Disputed

 $\hfill \Box$  Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

 $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

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	ranning mario campaon	( ) <u>10 2 10 10 6 m2</u>	
4.8	Child Community Pediatrics	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name Collection Services	When was the debt incurred?	
	P.O. Box 14931 Pittsburgh, PA 15234		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify	
4.9	CPA/Peoples Gas Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	P.O. Box 802068	When was the debt incurred?	
	Dallas, TX 75380  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	117	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1 0	CPA/Peoples Gas	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name P.O. Box 9037	When was the debt incurred?	
	Addison, TX 75001  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the claim is. Check an that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<u> </u>	□ Debts to pension or profit-sharing plans, and other similar debts	
	■ No	_	
	Yes	Other. Specify	

Case 19-24043-CMB Doc 20 Filed 11/12/19 Entered 11/12/19 16:01:02 Desc Main Document Page 13 of 59 Debtor 1 Tammy Marie Campbell ase number (if known) 19-24043-CMB 4.1 **Credit One Bank** Unknown Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 60500 When was the debt incurred? City of Industry, CA 91716 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.1 Finleyville Boro and SD Unknown Last 4 digits of account number Nonpriority Creditor's Name c/o Keystone Collections Group When was the debt incurred? 546 Wendel Road Irwin, PA 15642 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 **General Insurance** Unknown Last 4 digits of account number 3 Nonpriority Creditor's Name c/o Credit Collections When was the debt incurred? P.O. Box 607 Norwood, MA 02062 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 Tammy Marie Campbell ase number (if known) 19-24043-CMB HSBC Bank Nevada, N.A c/o 4.1 \$0.00 4 **Calvary SPV** Last 4 digits of account number Nonpriority Creditor's Name Attn: David Apothaker, Esquire When was the debt incurred? 520 Fellowship Road, Suite C-306 P.O. Box 5496 Mount Laurel, NJ 08054 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Jefferson Capital Services, LLC \$458.00 Last 4 digits of account number Nonpriority Creditor's Name 16 McLeland Road When was the debt incurred? Saint Cloud, MN 56303 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 Joseph Maynard Unknown Last 4 digits of account number Nonpriority Creditor's Name 198 McChainRoad When was the debt incurred? Finleyville, PA 15332 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Debtor 1 Tammy Marie Campbell ase number (if known) 19-24043-CMB 4.1 LVNV Funding, LLC \$3,545.00 Last 4 digits of account number Nonpriority Creditor's Name c/o Resurgent Capital Services When was the debt incurred? P.O. Box 10587 Greenville, SC 29603-0587 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 LVNV Funding, LLC \$1,007.00 Last 4 digits of account number 8 Nonpriority Creditor's Name c/o Resurgent Capital Services When was the debt incurred? P.O. Box 10587 Greenville, SC 29603-0587 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.1 LVNV Funding, LLC \$260.00 9 Last 4 digits of account number Nonpriority Creditor's Name c/o Resurgent Capital Services When was the debt incurred? P.O. Box 10587 Greenville, SC 29603-0587 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

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Other. Specify

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19-24043-CMB Debtor 1 Tammy Marie Campbell ase number (if known) 4.2 Macys Unknown Last 4 digits of account number 0 Nonpriority Creditor's Name P.O. Box 183084 When was the debt incurred? Columbus, OH 43218 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 **NCB Management Express** Unknown Last 4 digits of account number Nonpriority Creditor's Name 610 Waltham Way When was the debt incurred? Sparks, NV 89434 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 Nordstrom Unknown Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 13589 When was the debt incurred? Scottsdale, AZ 85267 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify

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19-24043-CMB Debtor 1 Tammy Marie Campbell ase number (if known) 4.2 **Parking Court** Unknown Last 4 digits of account number 3 Nonpriority Creditor's Name 633 W. Wisconsin Avenue When was the debt incurred? IA 52303 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify 4.2 Peoples Natural Gas Company, LLC Last 4 digits of account number \$2,412.00 Nonpriority Creditor's Name c/o S. James Wallace, Esquire When was the debt incurred? 845 N. Lincoln Avenue Pittsburgh, PA 15233 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Heating Bill 4.2 Portfolio Recovery Associates Unknown Last 4 digits of account number 5 Nonpriority Creditor's Name 120 Corporate Blvd., Suite 1 When was the debt incurred? Norfolk, VA 23502 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

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Page 18 of 59 19-24043-CMB Debtor 1 Tammy Marie Campbell ase number (if known) 4.2 **Progressive** Unknown Last 4 digits of account number 6 Nonpriority Creditor's Name c/o Credit Collection When was the debt incurred? P.O. Box 607 Norwood, MA 02062 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim:  $\square$  At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 **Springleaf Financial Services** Unknown Last 4 digits of account number Nonpriority Creditor's Name c/o LVNV Funding,Inc. When was the debt incurred? P.O. Box 10497 Greenville, SC 29603 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify 4.2 T-Mobile/Diversfied Consultant Unknown 8 Last 4 digits of account number Nonpriority Creditor's Name 10550 Deerwood Park Blvd. When was the debt incurred? Jacksonville, FL 32256 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No

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☐ Yes

Other. Specify

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Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
At least one of the debtors and another
Check if this claim is for a community debt
No

No

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated
Disputed

Type of NONPRIORITY unsecured claim:
Student loans
Debts to pension or profit-sharing plans, and other similar debts

Other. Specify

☐ Yes

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Debtor 1 Tammy Marie Campbell ase number (if known) 19-24043-CMB 4.3 **West Penn Power** \$3,897.00 Last 4 digits of account number 2 Nonpriority Creditor's Name 5001 NASA Blvd. When was the debt incurred? Fairmont, WV 26554 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Electric Bill Other. Specify 4.3 Westfield Insurance Unknown Last 4 digits of account number Nonpriority Creditor's Name **One Pearl Circle** When was the debt incurred? P.O. Box 5001 Westfield Center, OH 44251 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a. 0.00 Total claims 6b. from Part 1 6b. Taxes and certain other debts you owe the government 530.00 Claims for death or personal injury while you were intoxicated 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 530.00 **Total Claim** 6f Student loans 6f. 0.00 Total claims from Part 2 6q Obligations arising out of a separation agreement or divorce that 0.00

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you did not report as priority claims

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		17(7)	111 11111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Fill in this informatio	on to identify your	case:			
Debtor 1 T	ammy Marie Can	npbell			
	rst Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing) Fin	rst Name	Middle Name	Last Name		
United States Bankrup	otcy Court for the:	WESTERN DISTRICT O	DF PENNSYLVANIA		
Case number 19-24	4043-CMB				
(if known)				☐ Che	eck if th
				amo	ended

### Official Form 106G

### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

ı	Person or	company with Name, Number	whom you have the Street, City, State and ZIF	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otato	Zii Oddc	
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.4				2 0000	
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	

		Docume	nt Page 23 o	f 59	
Fill in thi	s information to identify your	case:			
Debtor 1	Tammy Marie Cal	mpbell Middle Name	Loot Name		
Debtor 2	First Name	Middle Name	Last Name		
(Spouse if, fi	iling) First Name	Middle Name	Last Name		
United St	ates Bankruptcy Court for the:	WESTERN DISTRICT (	OF PENNSYLVANIA		
Case nun	nber 19-24043-CMB				
(if known)					☐ Check if this is an amended filing
Ott: -:-	- L F 400LL				
	al Form 106H				
Sche	dule H: Your Cod	ebtors			12/15
people ar fill it out, your nam	e filing together, both are equ and number the entries in the e and case number (if known)	ally responsible for supposes on the left. Attack Answer every question	olying correct informati the Additional Page to	on. If more space is to this page. On the to	rate as possible. If two married needed, copy the Additional Page, p of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
■ No □ Ye	-				
	ithin the last 8 years, have you na, California, Idaho, Louisiana				
	o. Go to line 3. es. Did your spouse, former spo	use, or legal equivalent live	e with you at the time?		
in lin Form	e 2 again as a codebtor only i	f that person is a guaran	tor or cosigner. Make s	sure you have listed t	ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cr Check all schedul	editor to whom you owe the debt es that apply:
3.1				☐ Schedule D, lir	ne
[	Name			□ Schedule E/F,	
				☐ Schedule G, li	ne
	Number Street City	State	ZIP Code	_	
3.2				Coheratola D (to	••
3.2	Name			_ ☐ Schedule D, lin☐ Schedule E/F,	
				☐ Schedule G, lin	
	Number Street			_	
	City	State	ZIP Code		

City

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	n this information to identify your	2000				•				
Deb	n this information to identify your of tor 1 Tammy Mai	rie Campbell								
	tor 2				_					
Unit	ed States Bankruptcy Court for the	e: _WESTERN DISTRIC	T OF PENNSYLVANIA	Α						
Of Sc Be as supp spou	ficial Form 1061  chedule I: Your Incomplete and accurate as possilying correct information. If you see. If you are separated and you has separate sheet to this form.	sible. If two married ped are married and not fili or spouse is not filing w On the top of any additi	ng jointly, and your s ith you, do not inclu	spouse de infor	is liv mati	A su 13 in MM / and Debtor ring with yoo on about yo	mended filin pplement sl come as of / DD/ YYYY 2), both ar u, include i our spouse.	the fol	ally responsible fo ation about your re space is neede	2/15 or d,
1.	Fill in your employment		Debtor 1			D	obtor 2 or r	on fili	ng anauga	
	information.  If you have more than one job, attach a separate page with information about additional	Employment status	■ Employed □ Not employed			•	Employed Not emplo		ng spouse	
	employers.  Include part-time, seasonal, or	Occupation	Store Market Ma	anager		<u>S</u>	ales			
	self-employed work.  Occupation may include student or homemaker, if it applies.	Employer's name Employer's address	Lens Crafters  1004 Ross Park Pittsburgh, PA			<u>D</u> i	ial Americ	ca		
		How long employed t	-	10201						
spou: If you	nate monthly income as of the ose unless you are separated.  I or your non-filing spouse have me space, attach a separate sheet to	late you file this form. If	,		•		t person on	the lin	, ,	
2.	List monthly gross wages, sale deductions). If not paid monthly,			2.	\$	5,00	0.00 \$		900.00	
3.	Estimate and list monthly over	time pay.		3.	+\$		0.00 +\$	<b>;</b>	0.00	

5,000.00

900.00

Calculate gross Income. Add line 2 + line 3.

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Debte	or 1	Tammy Marie Campbell	_	C	ase number ( <i>if knowr</i>	ı) -	19-24043	-CMB	
	Cor	by line 4 here	4.		For Debtor 1	0	For Debto	or 2 or g spouse 900.00	
_		-	-		- 0,000.00	_			-
5.	List 5a.	all payroll deductions:  Tax, Medicare, and Social Security deductions	5a.		\$600.0	0_	\$	0.00	_
	5b.	Mandatory contributions for retirement plans	5b.		\$0.00		\$	0.00	-
	5c.	Voluntary contributions for retirement plans	5c.		\$0.00	<u>)</u>	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.		\$ 0.00	_	\$	0.00	-
	5e.	Insurance	5e.		\$ 0.00	_	\$	0.00	=
	5f.	Domestic support obligations	5f.		\$ 0.00	_	\$	0.00	-
	5g.	Union dues	5g.		\$ 0.00		\$	0.00	-
	5h.	Other deductions. Specify:	5h.	.+	\$	) +	- \$	0.00	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$ 600.0	_	\$	0.00	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	:	\$ 4,400.00	<u>)                                    </u>	\$	900.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 0.00	0	\$	0.00	
	8b.	Interest and dividends	8b.		\$ 0.00	0	\$	0.00	•
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$0.0	_	\$	0.00	-
	8d.	Unemployment compensation	8d.		\$ 0.00	_	\$	0.00	_
	8e.	Social Security	8e.	-	\$	)	\$	849.00	-
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Husband's VA Benefits	8f.		\$ 0.00	0	\$	142.00	
	8g.	Pension or retirement income	8g.		\$ 0.00	0	\$	0.00	_
	8h.	Other monthly income. Specify:	8h.	.+	\$0.00	) +	- \$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.0	0	\$	991.00	D
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	4,400.00 +	Ф.	1,891.0	0 = \$	6,291.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	'0.	Ψ_	4,400.00	Ψ_	1,091.0	<b>-</b>	0,231.00
11.	State Inches other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not acify:	depe		•		ed in <i>Schedi</i>	ule J.	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies						2. \$	6,291.00
13.	Do :	you expect an increase or decrease within the year after you file this form	?					Combir monthly	ned y income
		No.							
	П	Yes, Explain:							

Official Form 106l Schedule I: Your Income page 2

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<b>=</b> HII	in this inform	ation to identify yo	our caea:					
Deb	tor 1	Tammy Mari	e Campb	ell			eck if this is:  An amended filing	
Deb	tor 2						•	wing postpetition chapter
(Spo	ouse, if filing)				-	_	13 expenses as of	
Unit	ed States Bank	ruptcy Court for the	: WESTE	ERN DISTRICT OF PENNS	SYLVANIA		MM / DD / YYYY	
Cas	e number 1	9-24043-CMB						
(If kı	nown)							
Of	fficial Fo	orm 106J						
S	chedule	J: Your	Exper	ises				12/15
Be info	as complete ormation. If r	and accurate as	possible eded, atta	. If two married people ar ich another sheet to this				
		ribe Your House	hold					
1.	Is this a joi							
	■ No. Go t	o line 2. es Debtor 2 live	in a conar	ata hausahald?				
			iii a Sepai	ate nousenoid?				
			st file Offici	al Form 106J-2, Expenses	for Separate House	hold of De	btor 2.	
			_					
2.	Do you hav	ve dependents?	■ No					
	Do not list Debtor 2.	Debtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation  Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	e the						□ No
	dependents	names.						☐ Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
								□ No
								☐ Yes
3.		penses include		No				
		of people other t nd your depende		Yes				
				_				
		nate Your Ongoi		ly Expenses uptcy filing date unless y	ou are using this fo	orm as a s	upplement in a Cha	anter 13 case to report
exp		a date after the		y is filed. If this is a supp				
				government assistance i				
	value of suc ficial Form 1		d have ind	cluded it on Schedule I: Y	our Income		Your exp	enses
(01	ilciai i oilli i	001.)						
4.		or home owners and any rent for th		ses for your residence. In or lot.	nclude first mortgage		\$	0.00
	If not inclu	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner's				4b.	·	0.00
				ıpkeep expenses		4c.	:	50.00
5.		eowner's associat		dominium dues <b>our residence</b> , such as ho	me equity loans	4d. 5.	·	0.00
J.	Auditional	mortgage payin	ente iui y	our residerice, such as 110	me equity loans	J.	Ψ	0.00

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Debtor 1	Tammy I	Marie Campbell	Case num	ber (if known)	19-24043-CMB
6. <b>Uti</b> l	ities:				
6a.		heat, natural gas	6a.	\$	300.00
6b.	-	ver, garbage collection	6b.		100.00
6c.		e, cell phone, Internet, satellite, and cable services	6c.	•	130.00
6d.	•		6d.	·	0.00
		ekeeping supplies	7.		400.00
		children's education costs	8.	\$	
			9.	\$	0.00
	•	ry, and dry cleaning	9. 10.		50.00
		products and services		·	0.00
		ntal expenses	11.	Ф	0.00
	nsportation. not include ca	Include gas, maintenance, bus or train fare.	12.	\$	160.00
		clubs, recreation, newspapers, magazines, and books	13.	·	
			13. 14.		0.00
		ributions and religious donations	14.	Ψ	0.00
	urance.	sourance deducted from your nay or included in lines 4 or 20			
	not include in Life insura	surance deducted from your pay or included in lines 4 or 20.	15a.	\$	0.00
			15a. 15b.		0.00
	Health ins				0.00
	. Vehicle ins		15c.		0.00
		rance. Specify:	15d.	\$	0.00
		clude taxes deducted from your pay or included in lines 4 or 20.		_	
	ecify:		16.	\$	0.00
		ease payments:		•	
	. ,	ents for Vehicle 1	17a.	·	440.00
		ents for Vehicle 2	17b.	\$	0.00
	. Other. Spe		17c.	\$	0.00
17c	I. Other. Spe	ecify:	17d.	\$	0.00
3. <b>Yo</b> ı	ur payments	of alimony, maintenance, and support that you did not report a	<b>s</b>	_	0.00
dec	ducted from	your pay on line 5, Schedule I, Your Income (Official Form 106I)	. 18.	· .	0.00
<ol> <li>Oth</li> </ol>	er payments	s you make to support others who do not live with you.		\$	0.00
	ecify:		19.		
		erty expenses not included in lines 4 or 5 of this form or on Sch			
20a	ı. Mortgages	s on other property	20a.	\$	0.00
20b	<ol> <li>Real estat</li> </ol>	e taxes	20b.	\$	0.00
20c	. Property, h	homeowner's, or renter's insurance	20c.	\$	0.00
200	I. Maintenan	nce, repair, and upkeep expenses	20d.	\$	0.00
		er's association or condominium dues	20e.	\$	0.00
1 Oth	er: Specify:		21.		0.00
. Ou	ier. opecity.			-Ψ	0.00
<ol><li>Cal</li></ol>	culate your i	monthly expenses			
22a	. Add lines 4	through 21.		\$	1,630.00
22b	. Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	<u> </u>
		a and 22b. The result is your monthly expenses.		\$	1,630.00
		and a second to your monding onpollogo.			1,000.00
		monthly net income.			
23a	. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	6,291.00
23b	. Copy your	monthly expenses from line 22c above.	23b.	-\$	1,630.00
		• •			-,
230	. Subtract y	our monthly expenses from your monthly income.			
		is your monthly net income.	23c.	\$	4,661.00
					<del></del>
		an increase or decrease in your expenses within the year after y			
		ou expect to finish paying for your car loan within the year or do you expect you	ur mortgage	payment to incre	ease or decrease because o
		terms of your mortgage?			
	Yes.	Explain here:		·	

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Fill in this info	ormation to identify your	case:					
Debtor 1	Tammy Marie Car						
	First Name	Middle Name	La	t Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	La	t Name			
	Bankruptcy Court for the:	WESTERN DISTRICT O					
Officed States	Dankruptcy Court for the.	WESTERN DISTRICT C	JI I LIVING	LVAINIA			
Case number	19-24043-CMB						
(if known)						Check if this is an	
						amended filing	
Official Fo	rm 106Dec						
	ation About a	n Individual	Dobt	or's Scho	dulae		
Deciaia	ation About a	<u> </u>	Deni	or a acrie	<del>tuules</del>	12/	15
f two married	people are filing together	r, both are equally respon	nsible for s	upplying correct	information.		
						ement, concealing property, or	
	ney or property by fraud in . 18 U.S.C. §§ 152, 1341, 1		kruptcy cas	e can result in fin	es up to \$250,0	00, or imprisonment for up to 20	)
years, or both.	. 10 0.0.0. 33 102, 1041, 1	515, and 557 1.					
S	ign Below						
ا Did you	pay or agree to pay some	one who is NOT an attor	ney to help	you fill out bank	ruptcy forms?		
■ No							
— □ Ves	. Name of person				Attach Ran	kruptcy Petition Preparer's Notice	
☐ 1es.	. Name of person					n, and Signature (Official Form 11	
Under nei	nalty of perjury, I declare	that I have read the sum	mary and s	chedules filed wi	th this declarati	on and	
	are true and correct.	and i mave read the Sum	inary and s	onodules med wi	a. ans decidian	on and	
X /s/ T:	ammy Marie Campbell		х				
	my Marie Campbell		^	Signature of Debt	tor 2		
	ture of Debtor 1						

Date

Date November 12, 2019

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=:11	in this info	rmation to identify you				
	otor 1	rmation to identify you				
DCL	101 1	Tammy Marie Ca First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
		Bankruptcy Court for the:	WESTERN DISTRICT OF			
			WESTERN BISTRIOT ST	- Entro (Evyata)		
(if kn	e number	_19-24043-CMB			_	check if this is an mended filing
Sta Be a	atemer	and accurate as possi		re filing together, both are	equally responsible for sup	
		more space is needed, wn). Answer every ques		this form. On the top of any	/ additional pages, write you	ır name and case
Par	Give	Details About Your Ma	rital Status and Where You	Lived Before		
1.	What is yo	our current marital statu	s?			
	■ Marri	ed arried				
2.	During the	e last 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes.	ist all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1	Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
	■ No □ Yes.	Make sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	ficial Form 106H).		
Par	Exp	ain the Sources of You	r Income			
	Fill in the t	otal amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	ill businesses, including part-		ndar years?
	□ No					
	Yes.	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		1 of current year until led for bankruptcy:	■ Wages, commissions, bonuses, tips	\$50,000.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Tammy Marie Campbell

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
For last calendar year: (January 1 to December 31, 2018 )	■ Wages, commissions, bonuses, tips	\$60,000.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$60,000.00	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		

Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00	Social Security Benefits	\$8,490.00
		\$0.00	Pension	\$1,420.00
For last calendar year: (January 1 to December 31, 2018)		\$0.00	Social Security Benefits	\$10,188.00
		\$0.00	Pension	\$1,704.00
For the calendar year before that: (January 1 to December 31, 2017)		\$0.00	Social Security Benefits	\$10,188.00
		\$0.00	Pension	\$1,704.00

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

□ No. Go to line 7.

☐ Yes List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

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Case number (if known) 19-24043-CMB Document Debtor 1 Tammy Marie Campbell Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Dates of payment **Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Amount you Dates of payment Total amount Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No ☐ Yes. Fill in the details. Status of the case Case title Nature of the case Court or agency Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date property **Explain** what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Nο

8.

Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

П Yes Official Form 107

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Case number (if known)
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Debtor 1 Tammy Marie Campbell

Par	t 5: List Certain Gifts and Contributions								
13.	Within 2 years before you filed for bankru  ■ No □ Yes. Fill in the details for each gift.	ptcy, did you give any gifts with a total value of more t	than \$600 per person	?					
	Gifts with a total value of more than \$600 per person  Person to Whom You Gave the Gift and Address:	Describe the gifts	Dates you gave the gifts	Value					
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?  No								
	Yes. Fill in the details for each gift or co	ntribution.							
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	tal Describe what you contributed	Dates you contributed	Value					
Par	t 6: List Certain Losses								
15.	Within 1 year before you filed for bankrup or gambling?  ■ No □ Yes. Fill in the details.	thing because of the	ft, fire, other disaster,						
	how the loss occurred	Describe any insurance coverage for the loss nclude the amount that insurance has paid. List pending nsurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost					
Par	t 7: List Certain Payments or Transfers								
	Within 1 year before you filed for bankrup consulted about seeking bankruptcy or pr	tcy, did you or anyone else acting on your behalf pay reparing a bankruptcy petition? eparers, or credit counseling agencies for services require		rty to anyone you					
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	Description and value of any property transferred	Date payment or transfer was made	Amount of payment					
	Michael S. Geisler, Attorney-at-Law 201 Penn Center Blvd., Suite 524 Pittsburgh, PA 15235		10/10/2019	\$1,500.00					
17.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  Do not include any payment or transfer that you listed on line 16.								
	■ No □ Yes. Fill in the details.								
	Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was	Amount of payment					

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18.	Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.								
	Yes. Fill in the details.								
	Person Who Received Transfer Address	Description and va property transferre		paymer	ne any property or nts received or debts exchange	Date transfer was made			
	Person's relationship to you			<b>P</b>	ononango				
19.	Within 10 years before you filed for bankruptc beneficiary? (These are often called asset-protein No		property to a s	elf-settled	trust or similar device o	of which you are a			
	Yes. Fill in the details.								
	Name of trust	Description and va	alue of the prope	erty transfe	erred	Date Transfer was made			
Da	# 9. List of Contain Financial Associate Instru	umanta Safa Danasit	Bayes and Star	one Unite					
Pai	tt 8: List of Certain Financial Accounts, Instr	uments, Sate Deposit	Boxes, and Stor	age Units					
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.								
	■ No □ Yes. Fill in the details.	iniono, una omor imani							
		ast 4 digits of ccount number	Type of account instrument		Date account was closed, sold, moved, or transferred	Last balanc before closing o transfe			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?								
	■ No □ Yes. Fill in the details.								
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		escribe th	ne contents	Do you still have it?			
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?								
	■ No □ Yes. Fill in the details.								
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or hat to it? Address (Number, State and ZIP Code)		escribe th	ne contents	Do you still have it?			
Pai	rt 9: Identify Property You Hold or Control fo	r Someone Else							
23.	Do you hold or control any property that some for someone.	eone else owns? Inclu	de any property	you borro	wed from, are storing fo	or, or hold in trust			
	■ No								
	Yes. Fill in the details.  Owner's Name	Where is the press	ortv2	accriba #	a property	Valu			
	Address (Number, Street, City, State and ZIP Code)	Where is the prope (Number, Street, City, St. Code)		rescribe tr	ne property	valu			
Pai	rt 10: Give Details About Environmental Inform	mation							

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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Debtor 1 Tammy Marie Campbell

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.								
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of when	they occurred.						
24.	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
25.	Have you notified any governmental unit of any release of hazardous material?								
	■ No □ Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice					
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case					
Pai	t 11: Give Details About Your Business or Con	nnections to Any Business							
		-	v of the following connections to any	business?					
	Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?   A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time								
	☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)								
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting or equity securities of a corporation								
	No. None of the above applies. Go to Part 12.								
	Yes. Check all that apply above and fill in the details below for each business.								
		escribe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.						
	Address (Number, Street, City, State and ZIP Code)	ame of accountant or bookkeeper	Dates business existed	iumber or i i in.					
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.								
	■ No □ Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	ate Issued							
Pa	t 12: Sign Below								

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Debtor 1 Tammy Marie Campbell

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Tammy Marie Campbell Signature of Debtor 2 **Tammy Marie Campbell** Signature of Debtor 1 Date November 12, 2019 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Fill in this information to identify your case:				
Debtor 1	btor 1 Tammy Marie Campbell			
Debtor 2 (Spouse, if filing)				
United States E	Bankruptcy Court for the: Western District of Pennsylvania			
Case number (if known)	19-24043-CMB			

Check as directed in lines 17 and 21:			
1	According to the calculations required by this Statement:		
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).		
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).		
	3. The commitment period is 3 years.		
	4. The commitment period is 5 years.		

☐ Check if this is an amended filing

### Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

#### Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 5,000.00 900.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

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**Tammy Marie Campbell** 19-24043-CMB Case number (if known) Debtor 1 Column A Column B Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you\_\_\_\_\_ For your spouse 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 11. Calculate your total average monthly income. Add lines 2 through 10 for 5.000.00 900.00 5,900.00 \$ each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 5,900.00 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 5,900.00 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 5.900.00

15a. Copy line 14 here=>

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Debtor 1	Tammy Marie Campbell	-	Case number (if known)		19-24043-CMB		
	Multiply line 15a by 12 (the number of months in a year).			Г	<b>x</b> 12		
15	o. The result is your current monthly income for the year for this pa	art of the form.			70,800.0	0_	

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Debi	or 1 I ammy Marie Campbell			Case number (If known)	19-24043-CIVIE	<u> </u>
4.0	Coloulate the median family income that a		. Callanythana atama			
16	6. Calculate the median family income that a	pplies to you	•			
	16a. Fill in the state in which you live.	_	PA			
	16b. Fill in the number of people in your house	sehold.	2			
	16c. Fill in the median family income for your				\$_	66,649.00
	To find a list of applicable median incominstructions for this form. This list may a					
17	7. How do the lines compare?					
	17a. Line 15b is less than or equal to 11 U.S.C. § 1325(b)(3). <b>Go to P</b>					
	17b. Line 15b is more than line 16c. (1325(b)(3). Go to Part 3 and fill your current monthly income from	l out Calcula	tion of Your Disposa	•		•
Par	t 3: Calculate Your Commitment Period	Under 11 U.	S.C. § 1325(b)(4)			
18.	Copy your total average monthly income f	rom line 11 .			\$	5,900.00
	Deduct the marital adjustment if it applies contend that calculating the commitment peri spouse's income, copy the amount from line	. If you are m od under 11 l	arried, your spouse is	s not filing with you, and you		,
	19a. If the marital adjustment does not apply	, fill in 0 on lin	e 19a.		-\$	0.00
	19b. Subtract line 19a from line 18.				\$_	5,900.00
20	Calculate your current monthly income fo	rthe year F	allow these stens:			
20.	20a Canylina 10h		·		\$	5,900.00
					Ψ_	
	Multiply by 12 (the number of months in	a year).				x 12
	20b. The result is your current monthly incom	ne for the yea	r for this part of the fo	rm	\$_	70,800.00
						CC C40 00
	20c. Copy the median family income for your	state and siz	e of household from l	ine 16c	\$_	66,649.00
	21. How do the lines compare?					
	Line 20b is less than line 20c. Unle period is 3 years. Go to Part 4.	ss otherwise	ordered by the court,	on the top of page 1 of this form	m, check box 3,	The commitment
	■ Line 20b is more than or equal to li commitment period is 5 years. Go		ss otherwise ordered	by the court, on the top of page	1 of this form, c	heck box 4, The
Par	t 4: Sign Below					
	By signing here, under penalty of perjury I de	clare that the	information on this st	tatement and in any attachment	ts is true and co	rect.
,	x /s/ Tammy Marie Campbell					
•	Tammy Marie Campbell					
	Signature of Debtor 1					
	Date November 12, 2019 MM / DD / YYYY					
	If you checked 17a, do NOT fill out or file For	m 122C-2.				
	If you checked 17b, fill out Form 122C-2 and	file it with this	s form. On line 39 of the	hat form, copy your current mor	nthly income from	n line 14 above.

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Fill in	this information to i	dentify your case:		
Debtor	1 Tammy M	arie Campbell	_	
Debtor (Spous	2 se, if filing)		-	
United	States Bankruptcy Co	ourt for the: Western District of Pennsylvania	_	
Case r	number <u>19-24043-</u> vn)	СМВ	☐ Check if this	s is an amended filing
	Form 122C-2 pter 13 Calc	culation of Your Disposable	Income	04/1
	out this form, you wil tment Period (Officia	ll need your completed copy of <i>Chapter 13 State</i> al Form 122C-1).	ment of Your Current Monthly Incon	ne and Calculation of
space i	s needed, attach a s nal pages, write you	te as possible. If two married people are filing to eparate sheet to this form, Include the line number name and case number (if known).  Deductions from Your Income		
the info  Ded experiments 1220  If you	questions in lines 6- rmation may also be uct the expense amou enses if they are highe C-1, and do not dedu- ur expenses differ from	ervice (IRS) issues National and Local Standards 15. To find the IRS standards, go online using the available at the bankruptcy clerk's office.  The set out in lines 6-15 regardless of your actual experts than the standards. Do not include any operating of the company of the available of the company of t	ne link specified in the separate instruction of the form, you wexpenses that you subtracted from income in line 13 of Form 122C-1.	ructions for this form. This will use some of your actual ome in lines 5 and 6 of Form
5.	Fill in the number of	ple used in determining your deductions from in people who could be claimed as exemptions on you ny additional dependents whom you support. This ne in your household.	r federal income tax return,	2
Nati	onal Standards	You must use the IRS National Standards to an	nswer the questions in lines 6-7.	
6.		other items: Using the number of people you ente dollar amount for food, clothing, and other items.	red in line 5 and the IRS National	\$1,288.00
7.	Out-of-pocket healt	th care allowance: Using the number of people you	entered in line 5 and the IRS National	Standards, fill in

the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

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**Tammy Marie Campbell** 19-24043-CMB Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 2 7c. Subtotal. Multiply line 7a by line 7b. 110.00 Copy here=> 110.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 0.00 Copy here=> 7g. Total. Add line 7c and line 7f 110.00 Copy total here=> 110.00 Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 598.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 984.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment PNC Bank, N.A. 1,098.00 Copy Repeat this amount 1,098.00 1,098.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

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**Tammy Marie Campbell** 19-24043-CMB Debtor 1 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 237.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 13a. Ownership or leasing costs using IRS Local Standard..... 0.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly Name of each creditor for Vehicle 1 payment -NONE-Repeat this Copy amount on **Total Average Monthly Payment** 0.00 0.00 here => Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Copy Repeat this here amount on line Total average monthly payment 0.00 33c 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. ..... expense here 0.00 0.00 => 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Tammy Marie Campbell Case number (if known) 19-24043-CMB

		n addition to the expense d he following IRS categories		listed above	, you are allowed your monthly expenses	for	
16.	6. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.						600.00
17.	<b>Involuntary deductions:</b> The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs.						
			o, such as	voluntary 40	1(k) contributions or payroll savings.	\$	0.00
18.	Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.				\$	0.00	
19.	<ol> <li>Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments.</li> <li>Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35</li> </ol>						0.00
20.	Education: The total month			• • •	· ·	\$	
	as a condition for your job				4		
	for your physically or mer	ntally challenged dependent	t child if n	o public educ	ation is available for similar services.	\$	0.00
21.	<b>Childcare:</b> The total monthly Do not include payments for			-	sitting, daycare, nursery, and preschool.	\$	0.00
22.	that is required for the health by a health savings account.	and welfare of you or your Include only the amount th	depende at is more	nts and that is than the tota		\$	0.00
	Payments for health insuran	ğ			,	Φ	0.00
20.	3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. +\$						
				i, or any ani	ount you previously deducted.		
24.	Add all of the expenses all Add lines 6 through 23.	owed under the IRS expe		•	ount you previously deducted.	\$	2,833.00
		·	nse allow	vances.	ne Means Test.		
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability	These are additional d Note: Do not include a	nse allow eductions ny expens	vances.  allowed by the se allowances count expen	ne Means Test.	\$	
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance, disability insurance, disability insurance.	These are additional d Note: Do not include a	nse allow eductions ny expens	vances.  allowed by the se allowances count expen	ne Means Test. s listed in lines 6-24.	\$	
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.	These are additional d Note: Do not include a	nse allow eductions ny expens avings ac unts that	allowed by the allowances count expensare reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance, disability insurance, your dependents.  Health insurance	These are additional d Note: Do not include a y insurance, and health sa ce, and health savings acco	eductions ny expensional avings acunts that	vances. allowed by the se allowances count expense are reasonab	ne Means Test. s listed in lines 6-24.	\$	
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance your dependents.  Health insurance  Disability insurance	These are additional d Note: Do not include a y insurance, and health sa ce, and health savings acco	eductions ny expens avings ac unts that	vances. allowed by the se allowances count expensare reasonab  0.00  0.00	ne Means Test. s listed in lines 6-24.	\$	
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account	These are additional d Note: Do not include a  y insurance, and health sa  ce, and health savings acco	eductions ny expens avings ac unts that  \$	vances. allowed by the se allowances count expensare reasonab  0.00  0.00  0.00	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health Iy necessary for yourself, your spouse, o	\$	2,833.00
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to	These are additional d Note: Do not include a  y insurance, and health sa  ce, and health savings acco	eductions ny expens avings ac unts that  \$	vances. allowed by the se allowances count expensare reasonab  0.00  0.00  0.00	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health Iy necessary for yourself, your spouse, o	\$	2,833.00
Add	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reason	These are additional d Note: Do not include a y insurance, and health sace, and health sace, and health savings accordant amount?  In actually spend?  These are additional deliberation in the care of household of the care of household of the care and necessary care as if your immediate family who	eductions ny expens avings ac unts that  \$  \$  \$  r family n and suppo o is unab	allowed by the see allowances.  count expensare reasonabe  0.00  0.00  0.00  0.00  onumbers. The ort of an elder et o pay for see allowances.	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$	2,833.00
25. 26.	Add lines 6 through 23.  ditional Expense Deductions  Health insurance, disability insurance, disability insurance your dependents.  Health insurance  Disability insurance  Health savings account  Total  Do you actually spend this to No. How much do you yes  Continued contributions to continue to pay for the reason your household or member of include contributions to an ail Protection against family wes	These are additional dinote: Do not include a vinsurance, and health sace, and health sace, and health sace, and health savings accordinate amount?  The care of household of the care of household of the care of your immediate family who count of a qualified ABLE priolence. The reasonably not include in the care of your immediate family who count of a qualified ABLE priolence. The reasonably not include in the care of your immediate family who count of a qualified ABLE priolence.	eductions ny expens avings ac unts that	allowed by the see allowances count expensare reasonable 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	ne Means Test. Is listed in lines 6-24. Ises. The monthly expenses for health ly necessary for yourself, your spouse, o  Copy total here=>  e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may	\$ \$	2,833.00

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ebtor 1	Tammy Marie Campbell	Ca	se number (if kno	own)	19-2	4043-	СМВ	3	
	Additional home energy costs. Your hom line 8.	ne energy costs are included in your insuranc	e and operat	ting	expense	es on			
	If you believe that you have home energy of 8, then fill in the excess amount of home en	osts that are more than the home energy cosnergy costs	sts included i	n ex	penses	on line	•		
	You must give your case trustee document amount claimed is reasonable and necessa	ation of your actual expenses, and you must ary.	show that the	e ad	ditional		\$		0.00
		dren who are younger than 18. The monthly pendent children who are younger than 18 years.							
	You must give your case trustee document claimed is reasonable and necessary and i	ation of your actual expenses, and you must not already accounted for in lines 6-23.	explain why	the	amount				
	* Subject to adjustment on 4/01/22, and ev	ery 3 years after that for cases begun on or a	fter the date	of a	djustme	ent.	\$		0.00
		he monthly amount by which your actual food g allowances in the IRS National Standards. T s in the IRS National Standards.							
		ional allowance, go online using the link spec so be available at the bankruptcy clerk's office		ера	rate				
,	You must show that the additional amount	claimed is reasonable and necessary.					\$		0.00
	Continuing charitable contributions. The instruments to a religious or charitable orga	e amount that you will continue to contribute in anization. 11 U.S.C. § 548(d)(3) and (4).	n the form of	cas	h or fina	ancial			
	Do not include any amount more than 15%	of your gross monthly income.					\$		0.00
	Add all of the additional expense deduc Add lines 25 through 31.	tions.					\$_		0.00
Dedu	ictions for Debt Payment								
33. <b>F</b>	or debts that are secured by an interest	in property that you own, including home	mortgages,	vel	nicle				
	pans, and other secured debt, fill in lines	•	4						
	reditor in the 60 months after you file for ba	ent, add all amounts that are contractually dunkruptcy. Then divide by 60.	ue to each se	ecure	ea				
	Mortgages on your home						Aver	age mont	thly
33a.	Copy line 9b here					=>	\$	1,09	8.00
	Loans on your first two vehicles								
33b.	Copy line 13b here					=>	\$		0.00
33c.						=>	\$		0.00
							_		<u> </u>
33d.	List other secured debts: e of each creditor for other secured debt	Identify property that secures the debt		incl	es paym ude taxo nsuranc	es			
					No				
	-NONE-				Yes		\$		
							Ψ_		
					No				
					Yes		\$		
					No				
					Yes	+	Ф		
				_	103		\$ _		
33e	Total average monthly payment. Add lines	s 33a through 33d	\$1	1,09	8.00	Copy total here=	:> \$	1,09	98.00

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Debtor 1	Tam	my Marie Campbell			Case	e number (if known)	19-24043-CMB	
		debts that you listed in lir property necessary for yo				,		
	No.	Go to line 35.						
	Yes.	State any amount that you listed in line 33, to keep po Next, divide by 60 and fill	ossession of your property					
Nam	e of the	creditor	Identify property that se	ecures the deb	t	Total cure amoun	t Month amour	ly cure nt
-NO	NE-				\$		÷ 60 = \$	
35. <b>D</b> e	o you d	owe any priority claims - s	such as a priority tax, ch	ild support, o	Total or alimony - th	<u> </u>	.00 Copy total here=> \$	0.00
		due as of the filing date of	of your bankruptcy case	? 11 U.S.C. §	507.			
		Go to line 36.		Da matimalisa				
	res.	Fill in the total amount of a ongoing priority claims, su			e current or			
		Total amount of all past-	dua priarity alaima			\$ 530	. <b>00</b> ÷ 60 \$	8.84
36. <b>P</b> ı	rojecte	d monthly Chapter 13 pla	n payment			\$ 1,400	.00	
Oʻ th To	ffice of e Exec o find a l	multiplier for your district as the United States Courts (foutive Office for United State ist of district multipliers that incl nstructions for this form. This lis	or districts in Alabama and es Trustees (for all other d udes your district, go online u	d North Caroli istricts). sing the link sp	na) or by	X4.40		
A	verage	monthly administrative exp	ense			\$ 61.60	Copy total here=> \$	61.60
		of the deductions for debes 33e through 36.	ot payment.				\$_	1,168.44
Total	Deduc	tions from Income						
38. <b>A</b>	dd all d	of the allowed deductions						
		ne 24, All of the expenses a e allowances	llowed under IRS	\$	2,833.00	_		
(	Copy lir	ne 32, All of the additional e			0.00	_		
(	Copy lir	ne 37, All of the deductions	for debt payment	+\$	1,168.44			
7	Fotal de	eductions		\$	4.001.44	Copy total he	re=> \$	4,001.44

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**Tammy Marie Campbell** 19-24043-CMB Case number (if known) Debtor 1 Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 5.900.00 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 4,001.44 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Amount of expense Describe the special circumstances Copy 0.00 0.00 Total \$ here=>\$ Copy 44. **Total adjustments.** Add lines 40 through 43. 4.001.44 4.001.44 here=> -\$ 1.898.56 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Increase or I ine Reason for change Date of change Amount of change decrease? ☐ 122C-1 ☐ Increase ☐ Decrease ☐ 122C-2 ☐ 122C-1 ☐ Increase ☐ 122C-2 □ Decrease □ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase **□** 122C-2 ☐ Decrease

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Part 4: Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

X /s/ Tammy Marie Campbell
Tammy Marie Campbell
Signature of Debtor 1

Date November 12, 2019

MM / DD / YYYY

19-24043-CMB

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 04/01/2019 to 09/30/2019.

#### Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Lens Crafters

Income by Month:

6 Months Ago:	04/2019	\$5,000.00
5 Months Ago:	05/2019	\$5,000.00
4 Months Ago:	06/2019	\$5,000.00
3 Months Ago:	07/2019	\$5,000.00
2 Months Ago:	08/2019	\$5,000.00
Last Month:	09/2019	\$5,000.00
	Average per month:	\$5,000.00

#### Non-CMI - VA Income

Source of Income: VA Benefits

Income by Month:

6 Months Ago:	04/2019	\$242.00
5 Months Ago:	05/2019	\$242.00
4 Months Ago:	06/2019	\$242.00
3 Months Ago:	07/2019	\$242.00
2 Months Ago:	08/2019	\$242.00
Last Month:	09/2019	\$242.00
	Average per month:	\$242.00

#### Non-CMI - Social Security Act Income

Source of Income: SSI Disability

Income by Month:

6 Months Ago:	04/2019	\$849.00
5 Months Ago:	05/2019	\$849.00
4 Months Ago:	06/2019	\$849.00
3 Months Ago:	07/2019	\$849.00
2 Months Ago:	08/2019	\$849.00
Last Month:	09/2019	\$849.00
	Average per month:	\$849.00

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Debtor 1 Tammy Marie Campbell Case number (if known) 19-24043-CMB

### **Current Monthly Income Details for the Debtor's Spouse**

#### **Spouse Income Details:**

Income for the Period 04/01/2019 to 09/30/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Dial America

Income by Month:

6 Months Ago:	04/2019	\$900.00
5 Months Ago:	05/2019	\$900.00
4 Months Ago:	06/2019	\$900.00
3 Months Ago:	07/2019	\$900.00
2 Months Ago:	08/2019	\$900.00
Last Month:	09/2019	\$900.00
	Average per month:	\$900.00

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation	
	\$245	filing fee	
	\$75	administrative fee	
<u>+</u>	<u>\$15</u>	trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee
 + \$550 administrative fee
 \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankru

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-24043-CMB Doc 20 Filed 11/12/19 Entered 11/12/19 16:01:02 Desc Main Document Page 54 of 59

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Western District of Pennsylvania

In re	Tammy Marie Campbell		Case No.	19-24043-CMB
		Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENS	SATION OF ATTO	RNEY FOR DE	BTOR(S)
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	4,000.00
	Prior to the filing of this statement I have received		\$	1,800.00
	Balance Due		\$	2,200.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compen	sation with any other person	unless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name			
5.	In return for the above-disclosed fee, I have agreed to rend	ler legal service for all aspec	ts of the bankruptcy ca	ase, including:
;	a. [Other provisions as needed]  Debtor(s) counsel reserves the right to ap retainer. Debtor(s) counsel bills at the rate		payment of fees ear	rned in excess of the
6.	By agreement with the debtor(s), the above-disclosed fee d	loes not include the following	g service:	
		CERTIFICATION		
	I certify that the foregoing is a complete statement of any anahruptcy proceeding.	agreement or arrangement for	r payment to me for re	presentation of the debtor(s) in
N	ovember 12, 2019	/s/ Michael S. Ge		
D	Pate	Michael S. Geisle Signature of Attorne		
		MICHAEL S. GEI		
		Attorney-at-Law		
		201 Penn Center Pittsburgh, PA 1		
			5255 Fax: (412) 372-2513	
		m.s.geisler@att.i	net	
		Name of law firm		

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### United States Bankruptcy Court Western District of Pennsylvania

		·			
In re	Tammy Marie Campbell		Case No.	19-24043-CMB	
		Debtor(s)	Chapter	13	

### **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.			
Date: Nov	vember 12, 2019	/s/ Tammy Marie Campbell Tammy Marie Campbell Signature of Debtor	

A. T. & T./Diversified Consultants 10550 Deer Wood Park Blvd. Jacksonville, FL 32256

Alliance Charter c/o First Federal Credit 24700 Chagrin Blvd., Suite 2 Beachwood, OH 44122

Ally Financial PO Box 130424 Roseville, MN 55113-0004

Amerifinancial Solutions c/o Found Radiology P.O. Box 7 Vassar, MI 48768

Amsher Collections/Dish Network 4524 South Lake Parkway, Suite 1 Birmingham, AL 35244

Calvary SPV I, LLC 500 Summit Lake Drive, Suite 400 Valhalla, NY 10595

Capital One by American InfoSource as agent P.O. Box 71083 Charlotte, NC 28272-1083

Child Community Pediatrics Collection Services P.O. Box 14931 Pittsburgh, PA 15234

CPA/Peoples Gas P.O. Box 802068 Dallas, TX 75380

CPA/Peoples Gas P.O. Box 9037 Addison, TX 75001

Credit One Bank P.O. Box 60500 City of Industry, CA 91716

Finleyville Boro and SD c/o Keystone Collections Group 546 Wendel Road Irwin, PA 15642

General Insurance c/o Credit Collections P.O. Box 607 Norwood, MA 02062

HSBC Bank Nevada, N.A c/o Calvary SPV Attn: David Apothaker, Esquire 520 Fellowship Road, Suite C-306 P.O. Box 5496 Mount Laurel, NJ 08054

James Warmbrodt, Esquire KML Law Group, P.C. 701 Market Street Suite 5000 Philadelphia, PA 19106

Jefferson Capital Services, LLC 16 McLeland Road Saint Cloud, MN 56303

Joseph Maynard 198 McChainRoad Finleyville, PA 15332

LVNV Funding, LLC c/o Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603-0587

LVNV Funding, LLC c/o Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603-0587

LVNV Funding, LLC c/o Resurgent Capital Services P.O. Box 10587 Greenville, SC 29603-0587

Macys P.O. Box 183084 Columbus, OH 43218

NCB Management Express 610 Waltham Way Sparks, NV 89434

Nordstrom
P.O. Box 13589
Scottsdale, AZ 85267

Parking Court 633 W. Wisconsin Avenue IA 52303

Peoples Natural Gas Company, LLC c/o S. James Wallace, Esquire 845 N. Lincoln Avenue Pittsburgh, PA 15233

PNC Bank, N.A. 3232 Newmark Drive Miamisburg, OH 45342

Portfolio Recovery Associates 120 Corporate Blvd., Suite 1 Norfolk, VA 23502

Progressive c/o Credit Collection P.O. Box 607 Norwood, MA 02062

Riggold School District c/o Keystone Collections Group 546 Wendel Road Irwin, PA 15642

Springleaf Financial Services c/o LVNV Funding, Inc. P.O. Box 10497 Greenville, SC 29603

T-Mobile/Diversfied Consultant 10550 Deerwood Park Blvd. Jacksonville, FL 32256

Union Township c/o Keystone Municipal Collections 546 Wendel Road Irwin, PA 15642

Verizon P.O. Box 15124 Albany, NY 12212-5124

Verizon 500 Technology Drive Suite 300 Weldon Spring, MO 63304-2225

Verizon c/o American Infosource P.O. Box 248838 Oklahoma City, OK 73124-8838

West Penn Power 5001 NASA Blvd. Fairmont, WV 26554 Westfield Insurance One Pearl Circle P.O. Box 5001 Westfield Center, OH 44251